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| UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA (Rev. 03/2018) | | TRANSCRIPT ORDER CJA counsel please complete an AUTH24 in CJA eVoucher Please read instructions on next page. | | | | COURT USE ONLY NOTES: | | | | | | |
| 1a. CONTACT PERSON FOR THIS ORDER Kim Ocel | | 2a. CONTACT PHONE NUMBER 612-335-1467 | | 3. CONTACT EMAIL ADDRESS Kim.ocel@stinson.com | | | | | | | | |
| 1b. ATTORNEY NAME (if different) Jon M. Woodruff | | 2b. ATTORNEY PHONE NUMBER 612-335-1830 | | 3. ATTORNEY EMAIL ADDRESS Jon.woodruff@stinson.com | | | | | | | | |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Stinson Leonard Street LLP 50 S. 6 th Street, Ste. 2600 Minneapolis, MN 55402 | | 5. CASE NAME (Include defendant number, for criminal cases only) Duryea et al. v. Agri Stats | | 6. CASE NUMBER 18-CV-01776 | | | | | | | | |
| 7. COURT REPORTER NAME, if applicable Kristine Mousseau | | 8. THIS TRANSCRIPT ORDER IS FOR (CHECK ALL THAT APPLY): <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> Standing Order (MDL only) | | CJA: Do not use this form: use AUTH24 in CJA. | | | | | | | | |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type: | | | | | | | | | | | | |
| a. HEARING(S) (OR PORTIONS OF HEARINGS) | | b. SELECT FORMAT(S) NOTE: ECF access is included. | | c. DELIVERY TYPE Delivery times are not guaranteed. | | | | | | | | |
| DATE | JUDGE (initials) | PORTION (If requesting less than full hearing, specify portion (e.o. witness or time)) | PDF (email) | TEXT/ASCII (email) | PAPER | CONDENSED | ORDINARY (30-day) | EXPEDITED (7-day) | EXPEDITED (3-day) | DAILY (Next day) | HOURLY (2 hrs) | REALTIME (rough draft) |
| 1/28/19 | JRT | | X | | | | | | | X | | |
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| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: | | | | | | | | | | | | |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | | | | | | | | | |
| 11. SIGNATURE /s/ Jon M. Woodruff | | | | | | | | | | 12. DATE February 4, 2019 | | |